



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
MHC80173

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER
304-558-0067

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET
FAIRMONT, WV
26554 304-363-2500

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/17/2008				

BID OPENING DATE: **02/28/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-21		
ADDENDUM NO. 1 TO RESPOND TO VENDOR QUESTIONS AS PER THE ATTACHED *****NO OTHER CHANGES*****						
DIETITIAN CONSULTANT						
***** THIS IS THE END OF RFQ MHC80173 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

RFQ #MHC80173 ADDENDUM #1

TO RESPOND TO VENDOR QUESTIONS AS FOLLOWS:

QUESTION 1. I AM A REGISTERED NURSE AND REGISTERED DIETITIAN AND I WORK FOR THE STATE IN A PRN NURSE CAPACITY AT SHARPE HOSPITAL. CAN I ALSO WORK AS A CONSULTANT DIETITIAN FOR THE STATE OR WOULD I HAVE TO GIVE THAT UP?

RESPONSE: WE CAN'T ADVISE YOU ON PERSONNEL ISSUES. HOWEVER, ANY STATE EMPLOYEE WHO DOES WORK FOR THE STATE MUST HAVE VERIFICATION BY THEIR CURRENT EMPLOYER OF THE FOLLOWING:

The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.

Please check the appropriate box below:

- I am **not** currently a full-time employee of the State of West Virginia;
 I **am** currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by _____ (above named vendor) from the State of West Virginia for full-time employment during the current fiscal year will be \$ _____. The vendor serves as _____ with the title of _____, certified by _____

 Current Supervisors Signature

QUESTION 2: BECAUSE OF MY FULL-TIME JOB COMMITMENT, I CAN NOT WORK DURING THE WEEK UNLESS IT IS A FEDERAL HOLIDAY. IN THE DIETITIAN'S JOB DESCRIPTION, WEDNESDAYS AND THURSDAYS ARE THE WORK DAYS. WOULD THE FACILITY CONSIDER LETTING THE CONSULTANT WORK ON THE WEEKENDS AND SOME EVENINGS DURING THE WEEK, IF NEEDED?

RESPONSE: NO. THE DATES ARE SET DUE TO SCHEDULED CARE CONFERENCES, OUT-PATIENT CLINIC, ETC.

QUESTION 3: WOULD THE FACILITY CONSIDER LESS THAN SIXTEEN (16) HOURS EACH WEEK? CONSIDER LESS THAN TWO (2) WORK DAYS EACH WEEK?

RESPONSE: NO. THE DUTIES SHOULD TAKE APPROXIMATELY THIS AMOUNT OF TIME.

QUESTION 4: WOULD THE FACILITY CONSIDER TWO (2) TO FOUR (4) DAYS EACH MONTH WITH THOSE DAYS BEING PREDOMINANTLY ON SATURDAY (8 HRS.) AND IF NEEDED, ONE OR MORE EVENINGS THROUGH THE WEEK??
NOTE: THIS COULD BE A GOOD TIME FOR FAMILY MEMBERS TO ASK THE DIETITIAN QUESTIONS ABOUT THE FAMILY MEMBER'S DIET PLAN AND TO PROVIDE FEEDBACK FROM THEIR OBSERVATIONS.

RESPONSE: NO. THE HOURS ARE SO WE CAN UTILIZE THESE SERVICES FOR THE BEST TIME FOR CLINIC PATIENTS, DIETARY STAFF, CARE CONFERENCE AND OTHER FACILITY STAFF.

QUESTION 5: WOULD THE FACILITY CONSIDER MOVING THE WEIGHT LOSS CLASS TO SATURDAY MORNING?

RESPONSE: NO. BECAUSE THE AREA IS CLOSED ON THE WEEKENDS AND IT WOULD BE DIFFICULT FOR THE NURSING STAFF TO MONITOR THESE INDIVIDUALS IN THE FACILITY.

QUESTION 6: COULD INTERDISCIPLINARY CARE PLANNING BE DONE AT LEAST ONCE A MONTH ON THE WEEKEND AND INCLUDE THE DIETITIAN?

RESPONSE: NO. WE DO THIS ON WEDNESDAY. THIS IS THE BEST TIME FOR THE MAJORITY OF THE INTERDISCIPLINARY TEAM INCLUDING THE PHYSICIAN.